

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 16 July 2003  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: METHODS AND APPARATUS FOR  
ENHANCING DIAGNOSIS OF MYOCARDIAL  
INFARCTIONS  
Attorney Docket Number:: 020061-000410US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ARNE  
Family Name:: SIPPENSGROENEWEGEN  
Name Suffix:: MD, PhD  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3662 Hillside Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: OMAR  
Family Name:: AMIRANA  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1576 Union Street, #2  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94123

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: TERRANCE  
Family Name:: RANSBURY  
City of Residence:: Pleasanton  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2560 Grappa Place  
City of Mailing Address:: Pleasanton  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94566

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: SCOTT  
Family Name:: DENTINO  
City of Residence:: Capitola

State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 721 Rosedale, #8  
City of Mailing Address:: Capitola  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95010

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Appl claiming benefit under 35 USC 119(e) of	60/396,681	07/17/02